

Submit completed form, copy of plans, and plan review fee (\$45.00) to:

Monroe County Department of Health
Attn: Food Protection, Room 1020
111 Westfall Road / P.O. Box 92832
Rochester, New York 14692
(716) 274-6064

Application for Approval of Plans for a Food Service Establishment

*When a food establishment is constructed or substantially remodeled or an existing structure converted for use as a food establishment, **properly prepared plans** and specifications shall be submitted to the regulatory authority for review and approval before construction is started. Part 14, Section 14.90, New York Sanitary Code.*

Name and address of establishment:	Name and address of owner:
Name and address of Architect, Engineer or Consultant:	Name and address of Operator:
Signature of Architect, Engineer or Consultant:	Signature of Applicant:
Date:	Date:

Approval or Disapproval should be sent to: (circle) Establishment Owner Architect, Engineer or Consultant Operator

Contact person: _____ phone # _____

Type of Establishment: (circle) Restaurant School Institution Retail Bakery Delicatessen Industrial Food Service
Commissary Catering Other _____

Type of Facility: (circle) New Structure Remodeling of existing food service facility Converting from other use to food service

(FOR OFFICE USE ONLY)	
Plans approved	Date: _____ By: _____
Plans disapproved	Date: _____ By: _____
Comments:	

Complete back side of this form®

DETAILS OF PROPOSED FOOD SERVICE

1. Number of seats Dining: _____ Bar: _____

2. Bathrooms

Public: _____ How many? _____

Employee: _____

Doors self-closing: _____ Ventilation fan: _____

3. Sinks

Three bay sink in kitchen: _____ at bar: _____

Hand sink in kitchen: _____ How many: _____ Soap & Paper Dispensers: _____

Vegetable prep. sink with indirect drain: _____

Mop sink: _____

Hand sink in bathrooms: _____

Other: _____

4. Mechanical Dishwashing Machine (Commercial Only)

In kitchen: _____

In bar: _____

5. Surface Materials

Kitchen floors: _____ Walls: _____ Ceilings: _____

Service floors: _____ Walls: _____ Ceilings: _____

Dining floors: _____ Walls: _____ Ceilings: _____

Storage area floors: _____ Walls: _____ Ceilings: _____

6. Exhaust Ventilation

Hood location: _____ Filters: _____

7. Refrigeration (how many of each?)

Walk-in Refrigerator: _____

Reach-in Refrigerator: _____

Walk-in Freezer: _____

Reach-in Freezer: _____

Thermometers in all units? _____

7. Storage

Dry Storage: (sq. ft) _____

Separate Area for Toxic Items: _____ where? _____

8. Water Supply

Public? _____ Private? _____ Health Department Approved? _____

Hot water tank (capacity in gallons) _____

9. Waste (Sewage)

Public? _____ Private? _____ Health Department Approved? _____

10. Smoking

No Smoking: _____ Bar only: _____

Separate smoking room with separate ventilation: _____ # of seats: _____

11. Other Items

Ice cream cabinet with dip well: _____

Light shields provided: _____

Food protected (i.e. Sneeze guards): _____

Stem thermometer: _____